

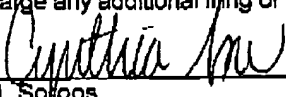
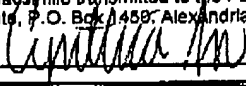
FAX TRANSMISSION**DATE:** May 27, 2005**PTO IDENTIFIER:** Application Number 10/757616-Conf. #4792
Patent Number**Inventor:** Rima KADDURAH-DAOUK et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (709) 872-9806**FROM:** LAHIVE & COCKFIELD, LLP
Cynthia M. Soroos**PHONE:** (617) 227-7400**Attorney Dkt. #:** MBZ-001CN**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal (1 page)
Amendment & Response (9 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Fee Transmittal (1 page, in duplicate)
Charge \$60.00 to deposit account 12-0080
Certificate of Transmission (1 page)

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AMENDMENT TRANSMITTAL LETTER				Docket No. MBZ-001CN	
Application No. 10/757616-Conf. #4792		Filing Date January 13, 2004		Examiner H. Calamita	
				Art Unit 1637	
Applicant(s): Rima KADDURAH-DAOUK <i>et al.</i>					
Invention: METHODS FOR DRUG DISCOVERY, DISEASE TREATMENT, AND DIAGNOSIS USING METABOLOMICS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 64 =		x	
Independent Claims	6	- 11 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					60.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>60.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Cynthia M. Sorros Attorney Reg. No.: 53,623 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>May 27, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8308 at MS Amendment, Commissioner for Patents, P. O. Box 1459, Alexandria, VA 22313-1450, on the date shown below. Dated: May 27, 2005 Signature:  (Cynthia M. Sorros)					

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Dated: May 27, 2005 Signature: 
(Cynthia M. Sorros)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re the application of: Kaddurah-Daouk, Rima *et al.*****Serial No.: 10/757,616****Filed: January 13, 2004****For: Methods for Drug Discovery, Disease
Treatment, and Diagnosis Using Metabolomics****Attorney Docket No.: MBZ-001CN****Group Art Unit: 1637****Examiner: Heather Calamita**

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This is in response to the Office Action mailed from the U.S. Patent and Trademark Office on February 7, 2005 for the above referenced patent application. A request for the appropriate extension of time and the requisite fee are filed concurrently herewith. Please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.